



PLACER COUNTY BOARD OF SUPERVISORS

APPLICATION FOR MEMBERSHIP ON ADVISORY BOARD OR COMMISSION

APPLICATION FOR MEMBERSHIP ON: _____

(NAME OF BOARD, COMMISSION or COMMITTEE)

IF THIS BOARD / COMMISSION / COMMITTEE CALLS FOR A SPECIFIC TYPE OF MEMBER, PLEASE INDICATE THE POSITION FOR WHICH YOU ARE APPLYING: _____

NAME: _____

RESIDENCE ADDRESS: _____

MAILING ADDRESS: _____

PHONE NUMBERS – HOME: _____ BUSINESS: _____

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: _____

TIMES YOU ARE AVAILABLE FOR MEETINGS: DAYS: _____ TIMES: _____

EMPLOYMENT EXPERIENCE / PROFESSION (A RESUME MAY BE ATTACHED): _____

ORGANIZATION / COMMUNITY EXPERIENCE: _____

EDUCATIONAL EXPERIENCE: _____

APPLICATIONS WILL BE RETAINED FOR 2 YEARS.

DATE: _____ SIGNATURE: _____

APPLICATIONS MUST BE FILED WITH THE CLERK OF THE BOARD OF SUPERVISORS

175 FULWEILER AVENUE, ROOM 101, AUBURN, CALIFORNIA 95603